

**Mississippi JRJ Program
2014-2015
Employment Verification**

Section A - Release (to be completed by applicant)

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I authorize my employer to provide the employment information requested by the Mississippi JRJ Program.

Applicant's Signature

Date

Section B - Employment (to be completed by employer)

The above named employee has applied for benefits from the *Mississippi JRJ Program*. Please complete the following section and return this form to the applicant.

Job Title of Employee:

Date of Hire:

Is the applicant employed full-time (not less than 75% of a 40 hour work week?)

____ Yes ____ No

Name of Organization:

Office location (city) of employee:

Current Annual Salary:

I certify that the information provided above is true and complete to the best of my knowledge and that the applicant meets the *Mississippi JRJ Program's* eligibility definition of prosecutor or public defender.

Signature of Authorized Official

Date

Printed name:

Title:

Telephone number:

Email: